

Colleagues,

Please find below the National Notifiable Diseases Surveillance System (NNDSS) Modernization Initiative (NMI) Technical Assistance (TA) Coordination Team Update for July 31, 2015. These e-mail updates are a collaboration among the Centers for Disease Control and Prevention (CDC), Council of State and Territorial Epidemiologists (CSTE), and the Association of Public Health Laboratories (APHL) and are sent biweekly in an effort to keep reporting jurisdictions and other partners and stakeholders updated on the progress of NMI.

For more information on NMI, please see the NMI FAQs at <http://www.cdc.gov/nmi/faq.html>. If you have questions not answered in the FAQs, please send them to edx@cdc.gov.

NNDSS Modernization Initiative Biweekly Update

July 31, 2015

NMI Overall Updates

- NMI recently introduced a change control board to coordinate and manage changes that affect multiple work streams within the project.
 - The process will address changes introduced after a Message Mapping Guide (MMG) reaches test-ready status.
 - In response to recommendations from CDC programs, the NMI team has updated its change control process:
 - After the NMI team has completed the initial impact analysis of a requested change, the team will distribute the change request and analysis to CDC programs for comment before the issue is reviewed by the board.
 - The change control board will include rotating seats for a CDC program representative and for a jurisdiction representative.

Message Mapping Guide Development Updates

- The NMI Team has clarified recently that jurisdictions should not use the new HL7 MMGs to send in summary statistics for diseases.
 - The new HL7 MMGs are intended for transmitting individual case notifications. NMI expects to address an HL7-based mechanism for summary notifications in the future, but the current priority is developing guides for individual case notifications.
 - Any jurisdiction sending summary statistics for specific diseases should continue to do so by using their current process in place.
- **Message Mapping Guide Status Updates:**
 - **Arboviral MMG (Requirements Analysis):**
 - Requirements analysis is approximately 60% complete.
 - The CDC Surveillance Operations Team (SOT) and Message and Vocabulary (M&V) Team have submitted a draft of the complete list of data elements needed for the guide to the program and are now working on the logical grouping of data elements within the MMG.
 - **Varicella MMG (Requirements Analysis):**
 - Requirements analysis is approximately 60% complete.

- The CDC National Center for Immunization and Respiratory Diseases (NCIRD) approved the revised Varicella data element list on 7/22/15.
- **Mumps and Pertussis MMGs** ([Stage I—Draft Phase](#)):
 - NCIRD approved the test-ready Mumps and Pertussis MMGs, Test Scenarios, and annotated case surveillance worksheets on 7/16/15.
- **Congenital Syphilis and STD MMGs** ([Stage II—Pilot Test-ready Draft Phase](#))
 - The MMG Development Team posted pilot test-ready versions of the STD and Congenital Syphilis MMGs and their artifacts to the Draft MMG Web Site.
- **Generic v2 and Hepatitis MMGs** ([Stage II—Pilot Test-ready Draft Phase](#))
 - The MMG Development Team posted pilot test-ready versions of the Generic v2 and Hepatitis MMGs and their artifacts to the Draft MMG Web Site.
- No guides are in [Stage III—Final MMG Phase](#) at this time.

Message Validation, Processing, and Provisioning System Updates

- The Message Validation, Processing, and Provisioning System (MVPS) developer delivered the revised message processing functions code for Generic v2, STD, and Hepatitis to CDC on 7/2/15.
 - The installation script for the code had issues and the developer resent it on 7/6/15.
 - The MVPS Team installed the code and retested to confirm resolution of defects reported to the developer on 6/19/15.
- The MVPS Team received the SQL Server Integration Services (SSIS) package needed to move forward with the cutover from the single-server production environment to the multi-server environment for the current production system supporting PHLIP Vaccine Preventable Disease (VPD) messages, which occurred on 7/13/15.
 - The next step after the single-server/multi-server production cutover is to allow for the move of the new message processing code to the test environment to prepare for user acceptance testing (UAT).
 - The code will be made available to the CDC programs and jurisdictions in support of independent validation testing with the programs and jurisdictions, a component of UAT. Independent validation testing is anticipated to begin the week of 8/3/15 and run for 2 weeks.
- User acceptance testing of the MVPS Dashboard and message processing functionality by the NMI pilot jurisdictions and CDC programs is being planned.
 - The MVPS Team expects to hold training for the CDC programs participating in MVPS UAT on 7/28/15 and 7/29/15 and for the pilot jurisdictions participating in UAT during the week of 8/3/15. Participants will learn how to use the MVPS Dashboard, what is expected of them during UAT, and how to conduct testing and report findings.
 - On 7/13/15, jurisdiction participants also learned how to work through the CDC Secure Access Management Services (SAMS) authentication system to access the system and enroll other staff from their health departments to use MVPS.
 - Another training focused on end-to-end and regression testing is targeted for the end of August 2015.
- The MVPS Team continues to work on finalizing the data provisioning requirements and data dictionary mapping for Generic v2, Hepatitis, and STD in conjunction with SOT and the M&V Team.

- The MVPS Team delivered the Generic v2 requirements to the MVPS developer on 6/4/15. The team is now focused on completing the Hepatitis and STD data provisioning requirements in that order.
- The MVPS Team met with the CDC programs to discuss the Generic v2, Hepatitis, and STD data dictionary and data provisioning design and approach.
- The team's goal is to submit data provisioning requirements to the MVPS developer for Hepatitis and STD in early August 2015.

Technical Assistance Updates

- **Update on Jurisdiction Implementation:** Note that now we are including updates on all pilot jurisdictions involved in NMI, both National Electronic Disease Surveillance System Base System (NBS) and non-NBS jurisdictions. The NBS Team provides technical assistance (TA) for NBS pilot jurisdictions, and the APHL TA Team provides technical assistance for non-NBS pilot jurisdictions.
 - **Alabama:**
 - Alabama implemented version Beta 2 of the NBS 4.6 release in the test environment.
 - Currently, the state is testing the STD module and began importing STD case data into NBS by using the STD migration tool.
 - **Arkansas:**
 - Arkansas has implemented Beta 2 of the NBS 4.6 release and is testing the Hepatitis module.
 - **California:**
 - The APHL TA Team is currently customizing the Rhapsody route for California that will create HL7 messages based on their data extract for STD and Hepatitis.
 - **Florida:**
 - Florida has created initial HL7 test messages for Hepatitis and is currently developing STD test messages.
 - The APHL TA Team will review and provide feedback on test messages as they are created.
 - **Idaho:**
 - Idaho has implemented Beta 2 of the NBS 4.6 release in the test environment.
 - The state has completed all the steps needed to migrate STD data from STD*MIS and currently is validating the imported data.
 - The state continues to test the STD module.
 - **Kentucky:**
 - Kentucky is implementing Beta 2 of the NBS 4.6 release.
 - The state plans to begin testing the Hepatitis module the week of 7/27/15.
 - **Louisiana:**
 - Louisiana has implemented Beta 2 of the NBS 4.6 release in the test environment.
 - The state is testing the Hepatitis module and has generated Hepatitis test messages.
 - **Michigan:**
 - Michigan has completed the full suite of test messages for Hepatitis and STD and is ready for independent validation.
 - **Minnesota:**

- The APHL TA Team is reviewing and providing feedback on the data extract for STD and Hepatitis that will be used to customize the Rhapsody route for Minnesota.
 - **Oregon:**
 - Oregon has created HL7 test messages for Hepatitis and is building the full suite of messages for STD.
 - The APHL TA Team will review and provide feedback on test messages as they are created.
 - **Tennessee:**
 - Tennessee has installed Beta 2 of the NBS 4.6 release.
 - The state has completed user interface testing and has begun testing the electronic laboratory reporting (ELR) import and an automated database creation process.
 - Next, the state plans to start testing the base Hepatitis page, port the legacy data to the new template, and then generate case notification messages.
 - **Texas:**
 - Texas has installed Beta 2 of the NBS 4.6 release.
 - The state has completed Beta 2 testing regarding Hepatitis porting. It has imported all the Hepatitis templates, created Hepatitis pages, and ported the legacy Hepatitis investigations successfully. The state is able to generate sample Hepatitis case notifications.
- CSTE will work with all of the pilot jurisdictions to evaluate the NMI TA efforts.
- Reminder about MMG status:
 - MMGs in Stages I and II are considered draft and may be revised until the time they are finalized.
 - Those jurisdictions selected for pilot testing of the test-ready versions (Stage II) of the MMGs should wait until contacted by the NMI TA Team before using the test-ready MMGs, before implementing surveillance information system changes, and before submitting test messages to CDC.
 - All other jurisdictions should not plan to submit data to CDC or implement MMG-based updates to their surveillance information systems until the final MMGs (Stage III) have been posted.
- For more information about technical assistance:
 - Please see the NMI FAQs at <http://www.cdc.gov/nmi/faq.html>.
 - For pilot jurisdictions: If you have questions specific to NMI TA, please contact Laura Carlton, APHL, at laura.carlton@aphl.org.
 - For non-pilot jurisdictions: If you have questions or would like to request TA through the Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) Cooperative Agreement, please email edx@cdc.gov.

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